Crossover Inpatient Hospital Claim Type 50

TMHP Standardized Medicare Advantage Plan (MAP)

Remittance Advice Notice Template

0	☐ MAP (Part C Medicare) **Note:** The Crossover Inpatient Hospital Claim Type 50 TMHP Standardized MAP Remittance Advice Notice Template must only be used for MAP claims. Medicare Part A or Medicare Part B only claims must not be submitted with a template.			
1	Medicare Paid Date:			
2	Provider Name:	NPI/API:	TPI:	Medicare ID:
3	Street Address:			
4	City:	State:	ZIP Code:	

5	Bill Type	
6	From DOS	
7	Through DOS	
8	Client Last Name	
9	Client First Name	
10	Medicare Number	
11	Medicare ICN	
12	Total Charges	
13	Covered Charges	
14	Non Covered Charges/Reason Code	
15	DRG Amount	
16	Deductible	
17	Blood Deductible	
18	Coinsurance	
19	Medicare Paid Amount	
20	DRG Code	

Important: By submitting this template to TMHP, the provider attests that the information included in the form exactly matches the MAP EOB. If the information on this crossover claim type template does not exactly match the information on the MAP template, the claim may be denied or returned.